

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent of:
Robert R. McAlister

Serial No. 10/629,252

Filed: July 29, 2003

For: LOW-PROFILE BOX CHANNEL
SUPPORT BEAM CONFIGURATION

§ U.S. Patent No. 7,221,564
§
§ Issued: May 22, 2007
§
§ Confirmation No. 6709
§
§
§
§
§

REQUEST FOR CERTIFICATE OF CORRECTION

Mail Stop Certificate of Correction Branch

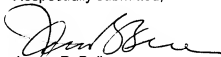
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby request a Certificate of Correction to correct the mistake in the above-identified patent as set forth on the attached form PTO/SB/44. The above errors are of a clerical or typographical nature or of a minor character and it is certified that they occurred in good faith. Attached is the Supplemental Application Data Sheet correcting the middle initial of the inventor.

Attached is the requisite fee in the amount of \$100.00.

Respectfully submitted,


James R. Bell
Registration No. 26,528

Date: 6-4-09
HAYNES AND BOONE, LLP
IP Section
2323 Victory Avenue, Suite 700
Dallas, Texas 75219
Telephone: 512-867-8407
Facsimile: 214-200-0853

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office, via EFS-Web, on the date indicated below:

on June 4, 2009
Date
y. Kim Reyes
Y. Kim Reyes

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**Page 1 of 1

PATENT NO. : 7,221,564

APPLICATION NO.: 10/629,252

ISSUE DATE : May 22, 2007

INVENTOR(S) : Robert R. McAlistar

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Name Of The Inventor; please delete "M." and insert --R.--.

MAILING ADDRESS OF SENDER (Please do not use customer number below):

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	LOW-PROFILE BOX CHANNEL SUPPORT BEAM CONFIGURATION
Attorney Docket Number::	16356.816 (DC-05143)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	3
Small Entity::	No
Petition Included?::	No
Secrecy Order in Parent App.?::	No

Applicant Information

Applicant Authority::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert M. <u>R.</u>
Family Name::	McAlister
City of Residence::	Georgetown
State or Province of Residence::	TX
Country of Residence::	US
Street of Mailing Address::	107 Retama Court
City of Mailing Address::	Georgetown
State or Province of Mailing Address::	TX
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	78626

Correspondence Information

Correspondence Customer Number:: 000027683
Phone Number:: 512.867.8407
Fax Number:: 214.200.0853
E-Mail Address:: ipdocketing@haynesboone.com

Representative Information

Representative Customer Number::	27683
----------------------------------	-------

Assignee Information

Assignee:: Dell Products L.P.
Street of Mailing Address:: One Dell Way
City of Mailing Address:: Round Rock
State or Province of Mailing Address:: TX
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 78682